

DIAGNOSTIC TESTING GUIDELINES FOR WEST NILE VIRUS

WNV testing is recommended on individuals with the following:

- A. **Encephalitis**
- B. **Aseptic meningitis (individuals ≥ 18 years of age)**
- C. **Acute Flaccid Paralysis/Atypical Guillain-Barré Syndrome/Transverse Myelitis**
- D. **Febrile illness*:**

- Illness compatible with West Nile fever and lasting ≥ 7 days
- Must be seen by a health care provider.

The West Nile fever syndrome can be variable and often includes headache and fever ($T \geq 38^\circ\text{C}$). Other symptoms include rash, swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.

- E. **Aseptic Meningitis (individuals < 18 years of age)*:**

- After workup for enteroviruses (e.g. CSF PCR, throat or stool isolation)

** Identification of human cases is important early in the West Nile virus season to assess the burden of human illness and will be important to target mosquito control and public education activities to reduce exposure risk. Depending on the volume of tests requested and laboratory capacity, the local public health department may discontinue testing of individuals that fall into category (D) and (E) once West Nile virus is well-established in the area.*

Instructions for Sending Specimens

1. Required

- ☐ **Acute Serum** - $\geq 2\text{cc}$ serum collected ≤ 7 days after onset
- ☐ **Cerebral Spinal Fluid** – $1\text{-}2\text{cc}$ CSF *if lumbar puncture is performed*

2. If West Nile is highly suspected and acute serum is negative

- ☐ **2nd Serum** - $\geq 2\text{ cc}$ serum collected 3-5 days after the acute serum

- ☐ Each specimen should be labeled with **date of collection**, **specimen type**, and **patient name**
- ☐ Specimens should be sent on **cold pack** using an overnight courier
- ☐ A completed **West Nile Case History** and **this form** must accompany the specimens
- ☐ Please do not send specimens on Friday
- ☐ Send to Local Public Health Laboratory:

2191 Johnson Ave
San Luis Obispo, CA 93401

Patient's last name, first name				
Age <u>or</u> DOB:	Sex (circle): M F	Onset Date:		
Disease suspected <u>or</u> test requested: West Nile Virus			This section for Laboratory use only.	
1 st	Specimen type and/or specimen source	Date Collected	1 st	Route to: <input type="checkbox"/> SERO <input type="checkbox"/> ISOL <input type="checkbox"/> FA <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
2 nd	Specimen type and/or specimen source	Date Collected	2 nd	
3 rd	Specimen type and/or specimen source	Date Collected	3 rd	

Questions? Call (805) 781-5507